

<i>SERFF Tracking Number:</i>	<i>LDDX-125703233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR01952CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC Item Filings</i>		
<i>Project Name/Number:</i>	<i>WC Item Filings/WC AR01952CGR01</i>		

## Filing at a Glance

Companies: Old Republic Insurance Company, Old Republic General Insurance Corporation

Product Name: WC Item Filings	SERFF Tr Num: LDDX-125703233	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC	Co Tr Num: WC AR01952CGR01	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: SPI ORChicago	Disposition Date: 06/23/2008
	Date Submitted: 06/19/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: WC Item Filings	Status of Filing in Domicile:
Project Number: WC AR01952CGR01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/23/2008	
State Status Changed: 06/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Old Republic Insurance Company and Old Republic General Insurance Corporation wish to adopt NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes.	

We request an effective date of September 1, 2008.

## Company and Contact

SERFF Tracking Number:	LDDX-125703233	State:	Arkansas
First Filing Company:	Old Republic Insurance Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	WC AR01952CGR01		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC Item Filings		
Project Name/Number:	WC Item Filings/WC AR01952CGR01		

### Filing Contact Information

Johnathan Hagen, State Filings Analyst	jhagen@oldrepublic.com
307 N. Michigan Avenue	(312) 346-8100 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

### Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

### Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$25.00	06/19/2008	20996752

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<i>Company Tracking Number:</i>	<i>WC AR01952CGR01</i>		
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	06/23/2008	06/23/2008

SERFF Tracking Number:	LDDX-125703233	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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## Disposition

Disposition Date: 06/23/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	%	\$		\$	%	%	%
Old Republic General Insurance Corporation	%	\$		\$	%	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
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Overall Percentage Rate Impact For This Filing	0.000%
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Effect of Rate Filing-Written Premium Change For This Program	\$0
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Effect of Rate Filing - Number of Policyholders Affected	0
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<i>Company Tracking Number:</i>	<i>WC AR01952CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC Item Filings</i>		
<i>Project Name/Number:</i>	<i>WC Item Filings/WC AR01952CGR01</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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<i>Company Tracking Number:</i>	<i>WC AR01952CGR01</i>		
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<i>Product Name:</i>	<i>WC Item Filings</i>		
<i>Project Name/Number:</i>	<i>WC Item Filings/WC AR01952CGR01</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	Neutral
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
Old Republic Insurance Company	%	%				%	%
Old Republic General Insurance Corporation	%	%				%	%

## Overall Rate Information for Multiple Company Filings

<b>Overall % Rate Indicated:</b>	
<b>Overall Percentage Rate Impact For This Filing:</b>	
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$0

<i>SERFF Tracking Number:</i>	<i>LDDX-125703233</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Old Republic Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WC AR01952CGR01</i>		
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<i>Project Name/Number:</i>	<i>WC Item Filings/WC AR01952CGR01</i>		

<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>0</b>
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Company Tracking Number:	WC AR01952CGR01		
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Product Name:	WC Item Filings		
Project Name/Number:	WC Item Filings/WC AR01952CGR01		

## Supporting Document Schedules

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	06/23/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	06/23/2008
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b>	Approved	06/23/2008
<b>Comments:</b>				
<b>Attachment:</b>	AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF			


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	Old Republic Insurance Group				<b>Group NAIC #</b>	0150
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>		
Old Republic Insurance Company	PA	24147	25-0410420			
Old Republic General Insurance Corporation	IL	24139	36-6067575			

<b>5. Company Tracking Number</b>	WC AR01952CGR01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Johnathan Hagen			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	Workers Compensation
<b>12. Company Program Title (Marketing Title)</b>	Workers Compensation
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 09/01/08      Renewal: 09/01/08
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes.
<b>18. Company's Date of Filing</b>	06/19/08
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR01952CGR01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company and Old Republic General Insurance Corporation wish to adopt NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes.

We request an effective date of September 1, 2008.

[illegible]

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)